## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10753/13

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
<u> </u>	= : 0: 1110		(Column	1)	(Colu	mn 2)	1	TYPE [		OR	SMALL	ENTITY	
TOTAL CLAIMS			A					RATE	FEE	]	RATÈ	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA		ŀ	BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			9 minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		*	<b>*</b> 1.		X43=	4/3	OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=		
* if	the difference	in column 1 is	less than ze	ero, enter	"0" in c	olumn 2		TOTAL	H28	OR	TOTAL		
CLAIMS AS AMENDED - PART II									770-00		OTHER	THAN	
		(Column 1)		_(Colun		(Column 3)	SMALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CL AIRA	=		X43=		OR	X86=	·	
	FIRST PRESE	NTATION OF MU	JUIPLE DEF	ENDENT	CLAIM		'	+145=		OR	+290=		
								TOTAL		OB	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE			ADDII. FEE		
AMENDMENT B		CLAIMS		HIGH	EST		1 1		ADDI-			ADDI-	
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Ind pendent	*	Minus	***	·	= .		X43=		OR	X86=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ſţ	145			.000	<u>-</u>	
·								+145=		OR	+290=		
								TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE		
					_								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	-	HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	•	OR	. X\$18=		
	Independent	*	Minus	***		=	ı	X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL		
**	the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	SPACE is	less than	20, enter "20."	A	DOIT. FEE		OR ,	ADDIT. FEE		
		ber Previously Paid					r four	nd in the app	ropriate box	in colu	umn 1.		